



Secretary of State
Statement and Designation by
Foreign Insurer Corporation

S&DC-INS

For Office Use Only

-FILED-

File No.: 6571232

Date Filed: 2/5/2025

The corporation is a (check one):

- ☒ Foreign Stock Corporation (\$100 Filing Fee)
☐ Foreign Nonprofit Corporation (\$30 Filing Fee)

Certified Copy Fee (Optional) - \$5

This form must be submitted with:

- A current **Certificate of Good Standing** issued by the government agency where the corporation was formed.
- A certificate by the California Insurance Commissioner approving the corporate name. For more information, go to <https://www.insurance.ca.gov/>.

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

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1. Corporate Name (Go to <https://www.sos.ca.gov/business/be/name-reservations> for general corporate name requirements and restrictions.)

2. Jurisdiction (State, foreign country or place where this corporation is formed – **must match** the Certificate of Good Standing provided.)

Merit Health Insurance Company

Arizona

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office – Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
15169 N. Scottsdale Rd., Ste. 205, Office 355	Scottsdale	AZ	85254
b. Street Address of Principal Office in California, if any – Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) – Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION – Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

C T Corporation System

5. Insurer Statement

This corporation will be subject to the California Insurance Code as an insurer.

6. Read and Sign Below (Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Alicia Dessner
 Signature

Alicia Dessner

Type or Print Name

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

MERIT HEALTH INSURANCE COMPANY

ACC file number: 23048709

was incorporated under the laws of the State of Arizona on 12/31/2019;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 02/04/2025



A handwritten signature in cursive script, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director

No. 6102-8

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
SAN FRANCISCO

Certificate of Authority

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of California,

Merit Health Insurance Company

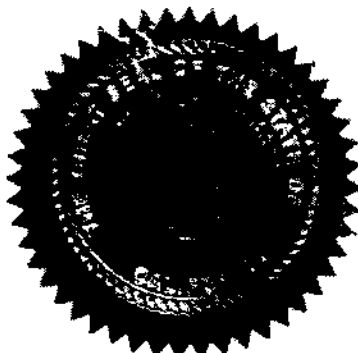
of Illinois, organized under the laws of Illinois, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:

Disability

as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 11th day of May, 2017,
I have set my hand and caused my official seal to be affixed this
11th day of May, 2017.



Dave Jones
Insurance Commissioner

Valerie Sarfaty

Valerie Sarfaty
for Joel Laucher
Chief Deputy

By

NOTICE:

Qualification with the Secretary of State must be accomplished as required by the California Corporations Code promptly after issuance of this Certificate of Authority. Failure to do so will be a violation of Insurance Code section 701 and will be grounds for revoking this Certificate of Authority pursuant to the covenants made in the application therefor and the conditions contained herein.